

SERFF Tracking Number:	UHLC-127129594	State:	Arkansas
Filing Company:	UnitedHealthcare of Arkansas, Inc.	State Tracking Number:	48503
Company Tracking Number:			
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	AR PPACA Conversion Filing		
Project Name/Number:	/		

## Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.	SERFF Tr Num: UHLC-127129594	State: Arkansas
Product Name: AR PPACA Conversion Filing	SERFF Status: Closed-Approved-	State Tr Num: 48503
TOI: H21 Health - Other	Closed	
Sub-TOI: H21.000 Health - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Ebony Terry	Reviewer(s): Rosalind Minor
	Date Submitted: 04/15/2011	Disposition Date: 04/19/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type:	Overall Rate Impact:
Filing Status Changed: 04/19/2011	
State Status Changed: 04/19/2011	Deemer Date:
Created By: Ebony Terry	Submitted By: Ebony Terry
Corresponding Filing Tracking Number:	
PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Filing Description:	
AR PPACA Conversion Filing	

## Company and Contact

### Filing Contact Information

Ebony Terry, Compliance Analyst	Ebony_N_Terry@uhc.com
800 King Farm Blvd.	240-632-8053 [Phone]

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Suite 500  
 Rockville, MD 20850

### Filing Company Information

UnitedHealthcare of Arkansas, Inc.	CoCode: 95446	State of Domicile: Arkansas
Plaza West Building	Group Code:	Company Type: HMO
415 North McKinley Street, Suite 300	Group Name:	State ID Number:
Little Rock, AK 72205	FEIN Number: 63-1036819	
(952) 992-7428 ext. [Phone]		

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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare of Arkansas, Inc.	\$50.00	04/15/2011	46615479

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/19/2011	04/19/2011

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*State:*      *Arkansas*

*Filing Company:*      *UnitedHealthcare of Arkansas, Inc.*

*State Tracking Number:*      *48503*

*Company Tracking Number:*

*TOI:*      *H21 Health - Other*

*Sub-TOI:*      *H21.000 Health - Other*

*Product Name:*      *AR PPACA Conversion Filing*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 04/19/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Conversion Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/19/2011	PPACAAM D.H.[08].C ONV.NGF. AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Conversion Amendment	Initial			X10H_AMD_ ReformCONV 09082010NG F.pdf

# Patient Protection and Affordable Care Act (PPACA) Amendment

## [UntiedHealthcare of Arkansas, Inc.]

As described in this Amendment, the Policy is modified as stated below.

Because this Amendment reflects changes in requirements of Federal law, to the extent it may conflict with any Amendment issued to you previously, the provisions of this Amendment will govern.

Because this Amendment is part of a legal document (the Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Policy* in *Section 8: Defined Terms* and in this Amendment below.

### Maximum Policy Benefit/Limits on Essential Benefits

The Maximum Policy Benefit provision in the *Schedule of Benefits*, the definition of Maximum Policy Benefit in the *Policy*, the termination provision due to attainment of the Maximum Policy Benefit, and all references to a Maximum Policy Benefit are deleted. Benefits under the Policy are not limited by a Maximum Policy Benefit.

<sup>1</sup>*Include if the Policy will not use restricted annual limits.*

Lifetime limits on the dollar amount of essential benefits available to you under the terms of your Policy are no longer permitted. [<sup>1</sup>In addition, any annual dollar limit applicable to the essential benefits listed below is no longer applicable.] Essential benefits include the following:

Ambulatory patient services; emergency services, hospitalization; maternity and newborn care, mental health and substance use disorder services (including behavioral health treatment); prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

On or before the first day of the first Policy year beginning on or after September 23, 2010, we will provide a 30 day reinstatement period for those Dependents who are still eligible under the Policy's eligibility terms but whose coverage ended by reason of reaching a lifetime limit on the dollar value of all Benefits.

*Include if a restricted annual limit for all essential benefits will be used.*

[Essential benefits for Policy years beginning prior to January 1, 2014 can only be subject to restricted annual limits. Restricted annual limits for each person covered under the Policy may be no less than the following:

- For Policy years beginning on or after September 23, 2010 but before September 23, 2011, \$750,000.
- For Policy years beginning on or after September 23, 2011 but before September 23, 2012, \$1,250,000.
- For Policy years beginning on or after September 23, 2012 but before January 1, 2014, \$2,000,000.

For Policy years beginning on or after January 1, 2014 there will be no annual dollar limit essential benefits.]

<sup>1</sup>*Include for Choice Plus. Do not include for Managed Indemnity.*

## Preventive Care

[<sup>1</sup>Network] Benefits for preventive care that are payable at 100% of Eligible Expenses (without application of any Copayment, Coinsurance, or deductible) apply to the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the *United States Preventive Services Task Force*.
- Immunizations that have in effect a recommendation from the *Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention*.
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the *Health Resources and Services Administration*.
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the *Health Resources and Services Administration*.

## Dependent Children

The following *Dependent Child Special Open Enrollment or Reinstatement Period* provision is added to the *Policy, Section 3: When Coverage Begins and Premiums*:

### Dependent Child Special Open Enrollment or Reinstatement Period

On or before the first day of the first Policy year beginning on or after September 23, 2010, we will provide a 30 day dependent child special open enrollment period for Dependent children who are not currently enrolled under the Policy and who have not yet reached the limiting age.

For new Dependent enrollment, coverage begins on the first day of the Policy year beginning on or after September 23, 2010, if we receive the completed application form and any required Premium within 31 days of the date the Dependent becomes eligible to enroll under this special open enrollment period. For Dependent reinstatement, coverage begins on the first day of the Policy year beginning on or after September 23, 2010 and our subsequent acceptance of Premium will reinstate the Dependent coverage under the Policy. We will not require an application for reinstatement. The reinstated coverage will cover only loss resulting from Injury or Sickness sustained after the date of reinstatement.

**All references to Full-time Student status requirements are deleted. The definition of Dependent is replaced with the following:**

**Dependent** - the Subscriber's legal spouse, domestic partner or a dependent child of the Subscriber or the Subscriber's spouse who was previously covered under a group policy issued by [[Name of Health Plan](#)] from which you converted.

The term child also includes the following when the event occurs after the effective date of this Policy, subject to the requirements as described under *Adding New Dependents* in *Section 3: When Coverage Begins and Premiums*:

- A newborn child.
- A child place for adoption.
- A legally adopted child.

To be eligible for coverage under the Policy, a Dependent must reside within the United States.

The definition of Dependent is subject to the following conditions and limitations:

- A Dependent includes any child listed above under 26 years of age.
- A Dependent includes an unmarried dependent child age 26 or older who is or becomes disabled and dependent upon the Subscriber.



The Subscriber must reimburse us for any Benefits that we pay for a child at a time when the child did not satisfy these conditions.

A Dependent also includes a child for whom health care coverage is required through a *Qualified Medical Child Support Order* or other court or administrative order.

A Dependent does not include anyone who is also enrolled as a Subscriber. No one can be a Dependent of more than one Subscriber.

## **Fraud or Intentional Misrepresentation of a Material Fact**

The terminating provision for *Fraud and Intentional Misrepresentation* in the *Policy, Section 4: When Coverage Ends* under *Other Events Ending Your Coverage* is replaced with the following:

- **Fraud or Intentional Misrepresentation of a Material Fact**

You committed an act, practice, or omission that constituted fraud, or an intentional misrepresentation of a material fact. Examples include false information relating to another person's eligibility or status as a Dependent.

During the first two years the Policy is in effect, we have the right to demand that you pay back all Benefits we paid to you, or paid in your name, during the time you were incorrectly covered under the Policy. After the first two years, we can only demand that you pay back these Benefits if the written application contained a fraudulent misstatement.

## **Claims and Appeals**

Other changes provided for under the *PPACA* impact how claims and appeals are handled and are applicable to your Policy:

- You have the right to appeal a rescission of coverage determination.
- If any new or additional evidence is relied upon or generated by us during the determination of an appeal we will provide it to you free of charge and sufficiently in advance of the due date of the response to the adverse benefit determination.
- With respect to any urgent request for Benefits you will receive the notice of benefit determination within 24 hours after we have received all necessary information.

*Include when the state does not have the required external review process in place.*

- *[The Departments of Health and Human Services, Labor and Treasury (Departments) will establish a Federal external review process which will be available in those jurisdictions where no State external review process is in effect. Where applicable, once the process has been established by the Departments we will provide you with additional information concerning the process.]*

## **Other changes provided for under the PPACA:**

Other changes provided for under the *PPACA* do not impact your Policy because your Policy already contains these provisions. These include:

- Direct access to OB/GYN care without a referral or authorization requirement.
- The ability to designate a pediatrician as a primary care physician (PCP) if your Policy requires a PCP designation.
- The ability to designate any primary care physician (PCP) who is accepting new patients.
- Prior notification is not required before you receive services in the emergency department of a Hospital.

*Do not include when issued with Managed Indemnity*

[If you seek emergency care from non-Network providers in the emergency department of a Hospital your cost sharing obligations (Copayments/Coinsurance) will be the same as would be applied to care received from Network providers.]

**Contract Issuance:** *Include Effective Date only if Amendment is to be mailed separate from the Policy. Do not include effective date when amendment is issued as part of the Policy.*

[Effective Date of this Amendment: \_\_\_\_\_]

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(Name and Title)

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

<i>SERFF Tracking Number:</i>	<i>UHLC-127129594</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare of Arkansas, Inc.</i>	<i>State Tracking Number:</i>	<i>48503</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AR PPACA Conversion Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	04/19/2011
<b>Comments:</b>			
<b>Attachment:</b>			
HMO Cover AR Conversion.pdf			

April 15, 2011

Ms. Rosalyn Minor

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, Arkansas 72201

**Re: UnitedHealthcare of Arkansas Inc.**

**NAIC No. 91529**

**Patient Protection and Affordable Care Act (PPACA) Amendment  
PPACAAMD.H.[08].CONV.NGF.AR**

**Flesch Score: 47.7**

Dear Madam/Sir:

On behalf of [UnitedHealthcare of Arkansas, Inc.](#), I am submitting the enclosed individual Conversion Product health amendment form for your Department's review and approval. We are requesting to use this amendment in conjunction with our approved Individual Conversion Product, form filing [POLCNV.H.08.AR](#) et al. This amendment is being filed to incorporate the requirements as required under the *Patient Protection and Affordable Care Act* (PPACA).

***Revisions made to comply with the PPACA are described below:***

- Maximum Policy Benefit/Limits on Essential Benefits:
  - As a standard we will not be imposing any Maximum Policy Benefit on Essential Benefits due to the restriction under PPACA on lifetime limits. All references to Maximum Policy Benefit have been removed.
  - Annual benefit limits on benefit categories that meet the federal definition of Essential Benefits no longer apply, except for those policies that opt to apply the federally defined "restricted annual limits" on Essential Benefits. Those restricted annual limits are described as variable options in the amendment.
- Preventive care services are provided at 100% coverage
- Enrolled dependent children are now covered up to age 26 regardless of marital or student status.
- *Dependent Children/Dependent Child Special Open Enrollment or Reinstatement Period* provision added to allow the required 30 day opportunity for those children who are not currently enrolled at the time of renewal and have not met the limiting age of 26.
- Former provision entitled *Fraud or Intentional Misrepresentation* provision re-titled and language clarified to limit rescission only to instances of fraud or intentional misrepresentation of a material fact.
- The following provisions are added, specific to claims and appeal rights:
  - Right to appeal a rescission of coverage determination
  - Right of covered persons to access new or additional evidence that was relied upon or generated by us during a determination of an appeal.
  - Right to notice of benefit determination within 24 hours for urgent request for benefits.
- *Other Changes Provided for Under PPACA* section explains those provisions, such as direct access to a OB/GYN, required by PPACA that are already provided under the Policy.

Because the enclosed form has been modified to reflect the laws and regulations of Arkansas, it will not be filed with Connecticut, our State of Domicile.

Our intent is to use this form to convey deletion of, addition of, or change in the specifics of a provision previously filed with your Department.

### **Explanation Variable Text**

Included in this amendment are the following features:

- **Non-variable Text** that always appears in an issued document.
- **Variable Text** that may or may not appear in an issued document. Variable text is enclosed in [brackets].
- **Instruction text** that is included, where necessary, to further explain the variability in the filed form. Please note that any instruction text will appear only in the filed form and will not appear in the form issued to a Subscriber. Below is an example of such instruction text.

<sup>1</sup>*Include if the plan will not use restricted annual limits.*

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below

Sincerely,

Ebony N. Terry

UnitedHealthcare of Arkansas, Inc.

800 King Farm Blvd.

Suite 6

Rockville, MD 20850

Ph: [240.632.8056]